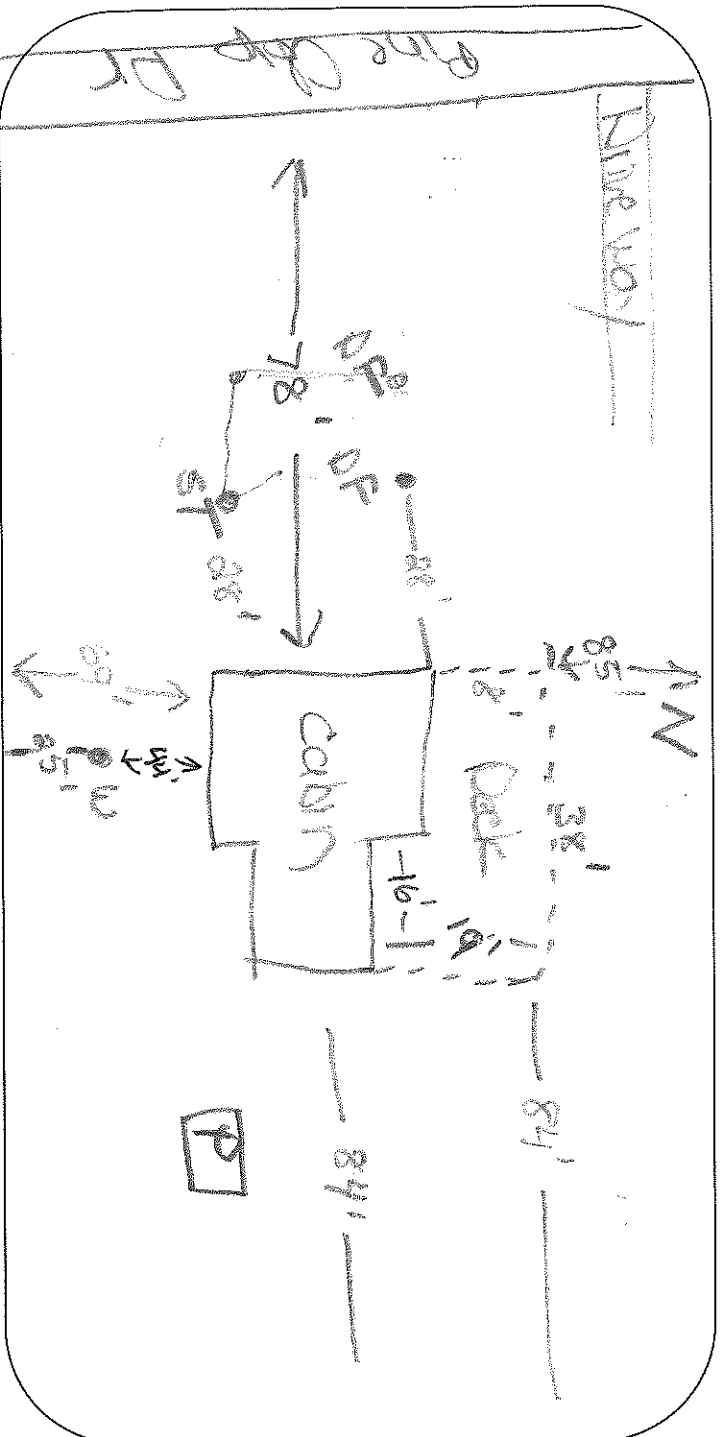




Below: Draw or Sketch your Property (regardless of what you are applying for)

- Below: Draw or Sketch your Property (regardless of what you are applying for)
- (1) Show Location of: Proposed Construction
  - (2) Show / Indicate: North (N) on Plot Plan
  - (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
  - (4) Show: All Existing Structures on your Property
  - (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
  - (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
  - (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	140 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	86 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	69 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	78 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	84 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	13 Feet	Setback to Well	84.25 Feet
Setback to Drain Field	28 Feet		
Setback to Privy (Portable, Composting)	40 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	11-12S		# of bedrooms:	Sanitary Date:							
Permit Denied (Date):		Reason for Denial:											
Permit #: 13-0118		Permit Date: 6-5-13											
Is Parcel a Sub-Standard Lot		<input checked="" type="checkbox"/> Yes (Deed of Record)		<input type="checkbox"/> No		Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))		<input type="checkbox"/> No		Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:			
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Case #:		Zoning District		(R-1)		Lakes Classification		(NA)	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Case #:		Date of Inspection:		6-4-13		Inspected by:		Michael Hutch	
Inspection Record:		Michael Hutch. Well staked.						Date of Re-Inspection:					
Date of Inspection:		6-4-13						Inspected by:		Michael Hutch		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)											
Signature of Inspector:		Michael Hutch						Date of Approval:		6-5-13			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>							

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
MAY 15 2013  
Bayfield Co. Zoning Dept.

Permit #: 13-0119  
Date: 6-5-13  
Amount Paid: \$1085  
Refund: 5-16-13  
ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: James Walczko  
Address of Property: 5605 E. Island Dr.  
City/State/Zip: 54874  
Contractor: SJC  
Contractor Phone: 54873  
Authorized Agent: (Person Signing Application on behalf of Owner(s))  
Agent Phone: 54874  
Agent Mailing Address (include City/State/Zip): 399-8670  
Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION: Legal Description: (Use Tax Statement)  
1/4, 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Running Bears Add to P.E.  
Section 17, Township 45 N, Range 7 W Town of: Barnes  
PIN: (23 digits) 04-004-2-45-09-17-2 00-270-22000 00-153-11000  
Recorded Document: (i.e. Property Ownership) Volume 580 Page(s) 227

☒ Shoreland ☐ Non-Shoreland  
☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If Yes---continue ☒ Distance Structure is from Shoreline: feet  
☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue ☒ Distance Structure is from Shoreline: 100+ feet  
Is Property in Floodplain Zone? ☐ Yes ☒ No Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion \* Include donated time & material \$30,000  
Project (What are you applying for) # of Stories and/or basement Use # of bedrooms What Type of Sewer/Sanitary System Is on the property? Water  
☒ New Construction 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City Specify Type: ☐ City  
☐ Addition/Alteration ☒ 1-Story + Loft ☒ Year Round ☒ 2 ☐ (New) Sanitary Specify Type: ☒ Well  
☐ Conversion ☐ 2-Story ☐ 3 ☒ Sanitary (exists) Specify Type: ☐   
☐ Relocate (existing bldg) ☐ Basement ☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)  
☐ Run a Business on Property ☐ No Basement ☐ Portable (w/service contract)  
☐ Foundation ☐ Compost Toilet ☐ None

Existing Structure: (if permit being applied for is relevant to it) Length: 24' Width: 24' Height: 22'  
Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( ) X ( )	
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with left hand view	(24 X 24 )	576
	with a porch 10ft	(8 X 9 )	72
	with (2nd) Porch	(12 X 20 )	240
	with a Deck	( ) X ( )	
	with (2nd) Deck	( ) X ( )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( ) X ( )	
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	
	Mobile Home (manufactured date)	( ) X ( )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( ) X ( )	
	Accessory Building (specify)	( ) X ( )	
	Accessory Building Addition/Alteration (specify)	( ) X ( )	
Rec'd for Issuance	Special Use: (explain)	( ) X ( )	
	Conditional Use: (explain)	( ) X ( )	
	Other: (explain)	( ) X ( )	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I hereby certify that the information provided on this application is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James Walczko  
(if there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 5-14-13

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date Attach

Address to send permit 5928 S. McKinley Rd, South Range, WI. 54874  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- Below: Draw or Sketch your Property (regardless of what you are applying for)
- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
- (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (3) Show Location of (\*): All Existing Structures on your Property
- (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
- (7) Show any (\*):

See attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	800+ Feet	Setback from the Lake (ordinary high water mark)	19' Feet
Setback from the Established Right-of-Way	800+ Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	90+ Feet	Setback from Wetland	NA Feet
Setback from the South Lot Line	60+ Feet	Setback from 20% Slope Area	NA Feet
Setback from the West Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback from the East Lot Line	NA Feet		
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	10 Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	40 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

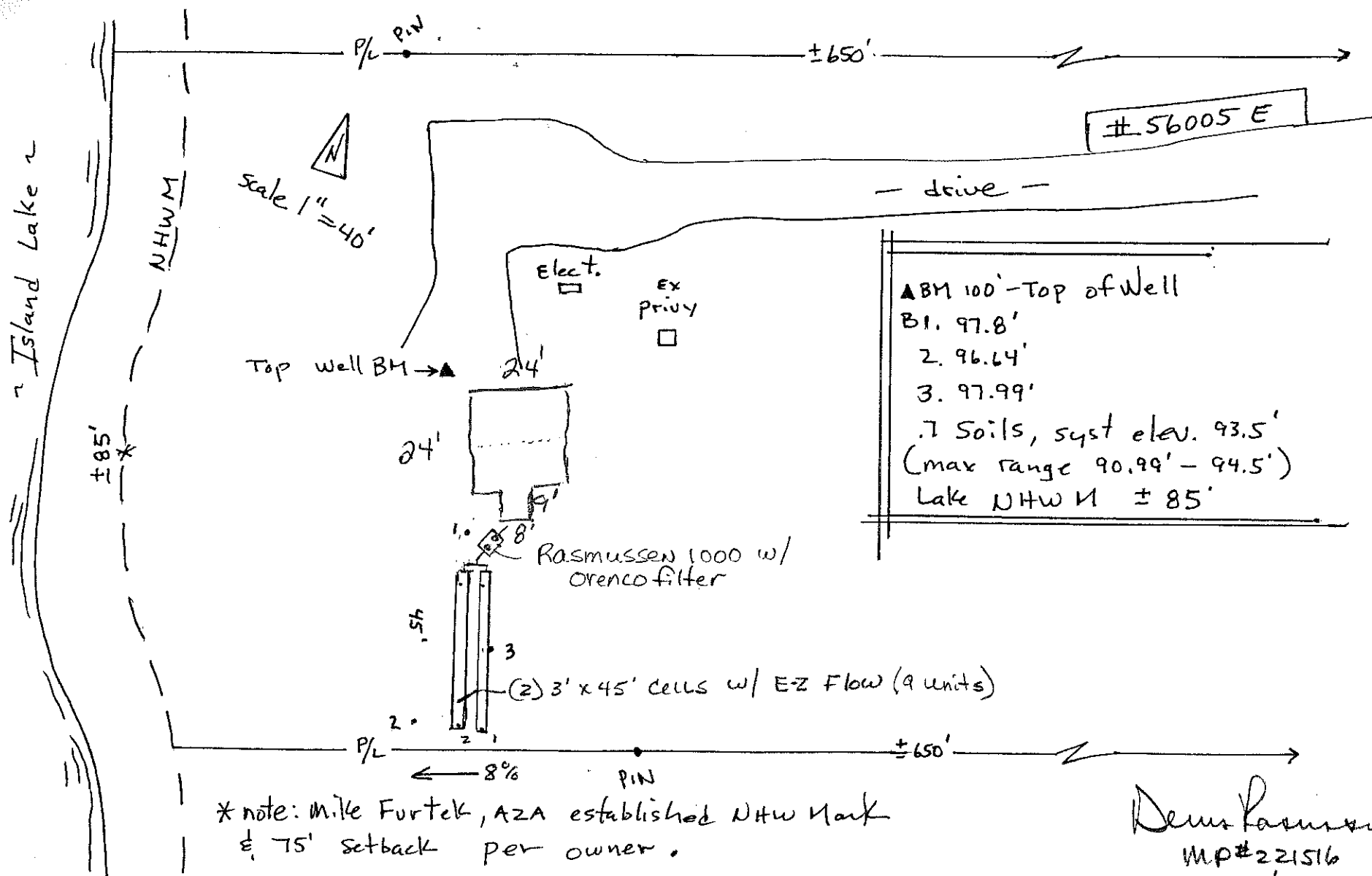
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 13-045	# of bedrooms: 3	Sanitary Date: 1-17-13						
Permit Denied (Date):	Reason for Denial:									
Permit #:	Permit Date:									
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District	(R-1)	
Inspection Record:	Metta all attached				Date of Re-Inspection:					
Date of Inspection:	6-4-13	Inspected by:	M. Fuchs		Date of Re-Inspection:					
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)										
Signature of Inspector: Metta all attached										Date: 6 Aug 2013
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>							

owner: James E. Sandra J. Waletzko  
5928 S. McKinley Rd.  
South Range, WI #54874  
ph. 715-399-8670

Legal: Bayfield Co., Barnes Twp  
PIN 04-004-2-45-09-17-2 00-153-11000  
S 17 T 45 N R 09 W  
Commanche Add. to Potawatomi Lt 14 # 2346  
site: 56005 E. Island Dr.





SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
MAY 31 2013

Permit #:	13-D122	ENTERED
Date:	6-5-13	
Amount Paid:	\$75	
Refund:	5-3-13	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Department  
Visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Kim Foss (Jones)</u>	Mailing Address: <u>27 Ivy Dr. Duluth, MN 55810</u>	City/State/Zip: <u>Duluth, MN 55810</u>	Telephone: <u>733-0274</u>
Address of Property: <u>Shawn McMillen</u>	City/State/Zip: <u>Barnes, WI 54873</u>	Plumber: <u>Plumber</u>	Cell Phone: <u>733-0274</u>
Contractor: <u>Ray Wellnessen</u>	Contractor Phone: <u>795-3599</u>	Plumber: <u>Plumber</u>	Plumber Phone: <u>Plumber</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u>795-3599</u>	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>00-270-0042-45-09-08-3</u>	Recorded Document: (i.e. Property Ownership) Volume <u>827</u> Page(s) <u>497</u>
Section <u>18</u> , Township <u>45</u> N, Range <u>9</u> W	Gov't Lot <u>1</u> Lot(s) <u>1</u> CSM <u>1</u> Vol & Page <u>413</u>	Lot(s) No. <u>413</u> Block(s) No. <u>413</u>	Subdividing Bear's To. DE.
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: <u>feet</u>	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: <u>feet</u>	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$ 11,000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: <u>Com</u>	<input checked="" type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>Com</u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Com</u>	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>24</u>	Width: <u>24'</u>	Height: <u>14'</u>
Proposed Construction:			

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with Loft	<input type="checkbox"/>	<input type="checkbox"/> with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	<input type="checkbox"/>	<input type="checkbox"/> with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	<input type="checkbox"/>	<input type="checkbox"/> with Attached Garage	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>	<input type="checkbox"/> Mobile Home (manufactured date)	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/>	<input type="checkbox"/> Accessory Building (specify) <u>garage</u>	( <input type="checkbox"/> X <input type="checkbox"/> )	<u>576</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>	<input type="checkbox"/>	( <input type="checkbox"/> X <input type="checkbox"/> )	
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	
JUN 05 2013	<input type="checkbox"/>	Conditional Use: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/>	<input type="checkbox"/>	Other: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application, including any accompanying information, has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Shawn McMillen  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Kim Foss (Jones)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 27 Ivy Dr, Duluth, MN 55810

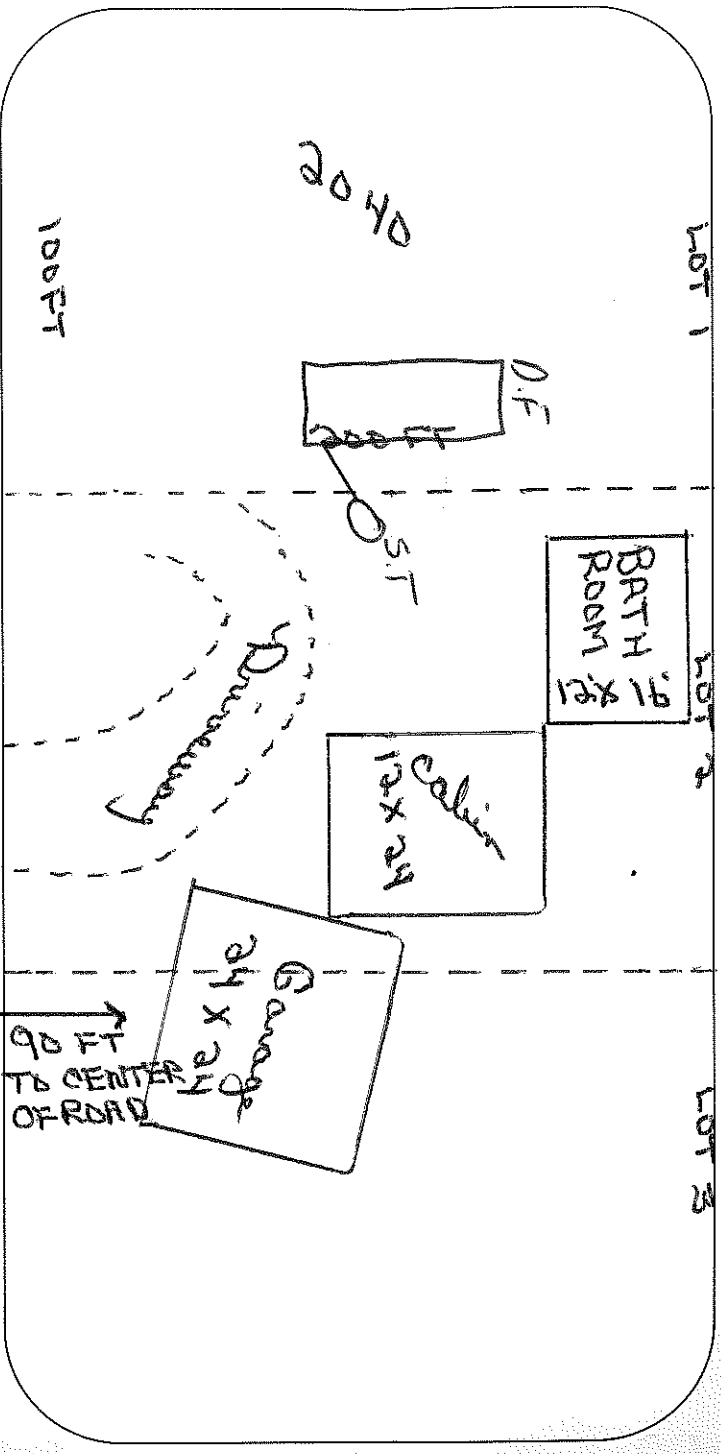
Date 5-28-13  
Date 5-28-13

Attach  
Copy of Tax Statement ✓

If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Pine Chip Dr.

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	90+ Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	60+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	150+ Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	N/A Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	200+ Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	70+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	40+ Feet	Setback to Well	20+ Feet
Setback to Drain Field	50+ Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 13-0120		Permit Date: 6-5-13				
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:		Zoning District (R-1)		Lakes Classification (NA)		
Well Staked: Meter all setbacks.						
Date of Inspection: 6-4-13		Inspected by: M. Fuchs		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
May not be used for human habitation.						
No water under pressure in structure.						
Signature of Inspector: Michael Swick		Date of Approval: 6-5-13				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
APR 02 2013  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 13-0196  
Date: 6-7-13  
Amount Paid: \$185 L.O., 4-18-13  
Refund: \$175 TBA

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		James R. McCarthy		Mailing Address:		962 E. RD W		City/State/Zip:		Kenosha City, WI 53143		Telephone:		715-265-4515	
Address of Property:		54175 CO HWY A		City/State/Zip:		Barnes WI 54873		Cell Phone:		715-688-9599		Plumber Phone:		715-739-6767	
Contractor:		Jim McCarthy Construction Kenosha City, WI		Contractor Phone:		715-688-9599		Plumber:		Nor. Fin. Inc. Plumbing		Written Authorization Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):							
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (25 digits) 04-004-2-45-08-24-404-000 2000		Recorded Document: (i.e. Property Ownership) Volume 856 Page(s) 894		Subdivision:				Lot Size		Acreage 2.980	
SE 1/4, SE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.			
Section 24, Township 45 N, Range 9 W		Town of:		Barnes											
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: _____ feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<input checked="" type="checkbox"/> Non-Shoreland															

Value at Time of Completion * include donated time & material \$ 40,000.00	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
							<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary		<input type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____		<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)			
							<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet			

Existing Structure: (if permit being applied for is relevant to it)	Length: 34'	Width: 26'	Height: 18'
Proposed Construction:			

Proposed Use	✓	Proposed Structure		Dimensions	Square Footage
		<input type="checkbox"/> Principal Structure (first structure on property)	( )		
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	936	
		with Loft	( )	336	
		with a Porch	( )	192	
		with (2nd) Porch	( )		
		with a Deck	( )		
		with (2nd) Deck	( )		
		with Attached Garage	( )		
		Bunkhouse w/ ( ) sanitary, gr ( ) sleeping quarters, gr ( ) cooking & food prep facilities	( )		
		Mobile Home (manufactured date)	( )		
		Addition/Alteration (specify)	( )		
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Accessory Building (specify)	( )		
		Accessory Building Addition/Alteration (specify)	( )		
		Special Use: (explain)	( )		
		Conditional Use: (explain)	( )		
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>		( )		
			( )		
Rec'd for Issuance					
JUN 07 2013					
Secretarial Staff					

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James McCarthy Carol McCarthy  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 4/11/2013

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Attach

Address to send permit 962 E. RD W Kenosha City, WI 53143

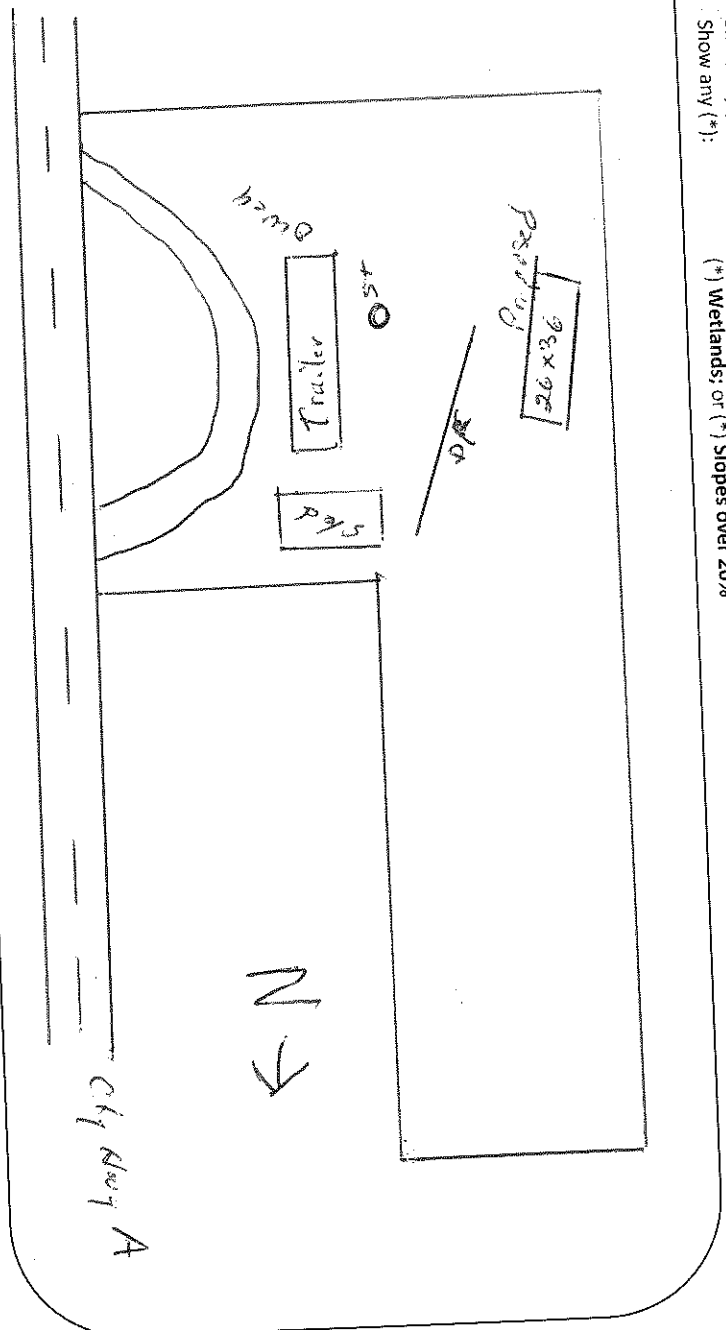
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction**
- (1) Show location of:  
North (N) on Plot Plan
  - (2) Show / Indicate:  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - (3) Show location of (\*):  
All Existing Structures on your Property
  - (4) Show:  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (5) Show:  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (6) Show any (\*):  
(\*) Wetlands; or (\*) Slopes over 20%
  - (7) Show any (\*):



Please complete (1) - (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	31.5' Feet	Setback from the Lake (ordinary high water mark)	Feet
Setback from the Established Right-of-Way	30.0' Feet	Setback from the River Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	30.8' Feet	Setback from Wetland	Feet
Setback from the South Lot Line	140' Feet	Setback from 20% Slope Area	Feet
Setback from the West Lot Line	40' Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	30.8' Feet		30.0' Feet
Setback to Septic Tank or Holding Tank	150' Feet	Setback to Well	
Setback to Drain Field	140' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 40433 3+	# of bedrooms: 2	Sanitary Date: 6-26-03	
Permit Denied (Date):	Reason for Denial:				
Permit #: 13-0186	Permit Date: 6-7-13				
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:					
Date of Inspection: 4-2-13	Inspected by: M. Tuttle	Zoning District: (F-1)	Lakes Classification: (NA)	Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No -If No they need to be attached.)					
Existing mobile home must be removed prior to construction starting on this new cabin.					
Signature of Inspector: Michael Tuttle	Date of Approval: 4-3-13				
Hold For Sanitary: <input checked="" type="checkbox"/> OK	Hold For TBA: <input checked="" type="checkbox"/> OK	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		